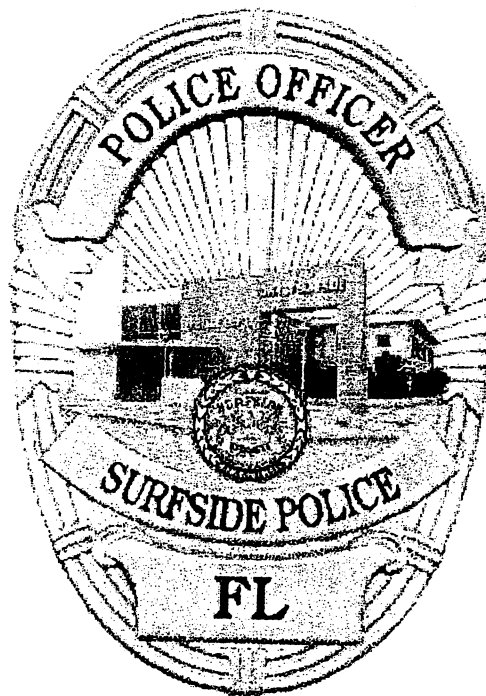


**Town of Surfside
Police Explorer
Post # 0025**



SURFSIDE POLICE EXPLORER PROGRAM

GENERAL

PURPOSE

The Surfside Police Department's Explorer Program is a non-paid, law enforcement organization whose main purpose is to give young adults a chance to begin training themselves for a career in the field of Law Enforcement.

REQUIREMENTS

1. Possess a positive interest in a law enforcement career or one of community service.
2. Be a minimum of 14 years of age, to a maximum of 21 years of age at the time of their acceptance.
3. Be enrolled in high school or college.
4. Maintain a minimum of a 2.0 grade point average.
5. Be in good physical and mental condition.
6. Must have a clean police record (Driving record is considered separately).
7. Must have a valid Florida Drivers License if you have one issued.
8. Participate no less than ten (10) hours per month in a variety of assignments (Office, Field and Special, excluding meetings).
9. Attend all meetings per month.

DUTIES

Police Explorers perform a wide variety of non-enforcement duties to assist the Surfside Police Department, while being tutored for a career in law enforcement.

Police Explorers are trained and then allowed to participate in all areas of police work through the Town of Surfside and in supervised field trips to the Miami Dade County Police Department facilities, and or state and national competitions.

UNIFORM

A uniform is required (after the probationary period is completed) and will be furnished to the Police Explorer. Also, certain parts of the over-all uniform must be purchased by the Police Explorer (i.e. Duty belt, accessories and plain toe black shoes).

QUESTIONS ?

For further information on the Surfside Police Explorer Program, contact an Explorer Advisor, Monday through Thursday – 8:30 a.m. to 4:00 p.m. on 305-864-4862.

SURFSIDE POLICE DEPARTMENT

EXPLORER APPLICATION

All questions must be answered

Print or type, using Black Ink. If more space is needed, use additional paper. Return application to the front counter of the Police Department.

Note: If there are any un-answered questions on this application the application will be **rejected.**

NAME			
Last	First	Middle	

ADDRESS	Number	Street	City	Zip	Code
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PHONE _____ Home _____ Business _____ Extension _____

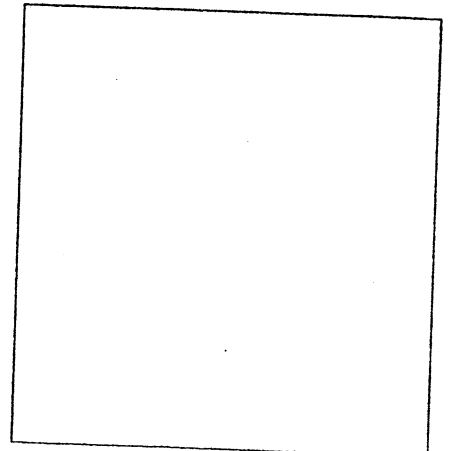
[illegible]

Driver's Lic #	Expires	State any Restrictions, etc.

Date of Birth	Height	Weight	Hair Color	Eye Color
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SCARS, PHYSICAL MARKS (Tattoos, birth marks, etc.)

PLEASE ATTACH PASSPORT SIZE PHOTO
IN BOX



SURFSIDE POLICE DEPARTMENT

EXPLORER APPLICATION

Questions:

1. Length of time lived in Miami Dade County _____
2. Are you a U.S. citizen: Yes _____ No _____
3. Have you ever been arrested, been on court probation, or paid a fine of more than \$25.00?
Yes _____ No _____

DATE OF INCIDENT	Violation	Police Agency
PENALTY	Disposition of Case	Brief Explanation

4. Have you ever belonged to, or been in sympathy with, any organization which was or is subversive in character or which believes in the overthrow of our form of government?
Yes _____ No _____

5. Do you have any physical disabilities or chronic illness(s)? Yes _____ No _____

EXPLANATION – USE SEPARATE SHEET OF PAPER IF NECESSARY

6. Name of school now attending _____

Year _____ Approximate G.P.A. _____ Counselor _____

7. In the event of an emergency, are you available to serve at any time of day or night without pay, if called to duty as a Police Explorer by the Surfside Police Explorer Advisors, Sergeant, or Dispatch in event of an Emergency? Yes _____ No _____

8. Do you understand any additional equipment (that is authorized) and is added to your uniform, must be purchased by you? Yes _____ No _____

9. Do you agree to serve at the PD, for at least 10 hours each month? Yes No

10. Do you agree to attend regular Explorer meetings, as often as required, or when called by Superior Officers? Yes _____ No _____

11. Do you have access to a car? Yes _____ No _____

12. In case of emergency notify:

Name	Relationship	Address	City Phone#
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13. If you have ever been gainfully employed, please list all employers, addresses and phone numbers on a separate piece of paper and attach it to this application.

14. List 3 persons other than relatives or past employers as references on another sheet of paper and attach it to this application. (Names, Addresses, Phone Numbers)

15. State your full reason for wanting a Police Explorer appointment:

16. Read this statement before signing:

I hereby certify that all statements made on or in connection with this application, including those regarding my training and experience are true and complete to the best of my belief and knowledge; and I understand and agree that any mis-statements or omissions of material fact herein will cause forfeiture on my part of all rights to appointment as a Surfside Police Explorer.

Signature of Applicant

PERSONAL INQUIRY WAIVER
AUTHORITY FOR RELEASE OF INFORMATION

I respectfully request and authorize you to furnish the Surfside Police Department, any and all information that you may have concerning me, my work record, school transcript of academic record, My reputation, my financial and credit record/status. Please include any and all medical, physical and mental or privileged nature information, and Photostats of same, if requested. This information is to be used to assist the Police Department, in determining my qualification and fitness for the position that I am seeking with the Surfside Police Department Explorer Program. I hereby release you, your organization or any others from any liability or damage, which may result from furnishing the information requested above.

Applicant's Signature

Date

Note: If applicant is under 18 years of age, a Parent or Guardian signature is also required.

Parent/Guardian Signature

Date

AFFIDAVIT
(IF REQUIRED)

STATE OF FLORIDA

COUNTY OF MIAMI DADE

Before me personally appeared who says that he executed the above instrument, of his own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence, the day of _____, in the year _____.

Signature Title

Date

Background Information

Current Employer:

Name:

Address:

City, State & Zip:

Telephone Number:

Last Three Employers:

Name:

Address:

City, State & Zip:

Telephone Number:

Name:

Address:

City, State & Zip:

Telephone Number:

Name:

Address:

City, State & Zip:

Telephone Number:

References (Not Relatives):

Name:

Address:

City, State & Zip:

Telephone Number:

Name:

Address:

City, State & Zip:

Telephone Number:

Name:

Address:

City, State & Zip:

Telephone Number:

Town of Surfside Police Department
Police Explorer Program Post #0025

The undersigned hereby requests permission from Surfside Police Department to ride as a passenger, and civilian observer only, in an authorized Town of Surfside Police Department motor vehicle. The purpose of this request is to observe the activities and operations of a police officer during the course of his or her official duties.

I hereby understand that if my application is approved, I must immediately comply with any and all directions, supervision and/or instructions given to me by any police personnel, including the police officer or officers in command of any vehicle in which I may be a passenger. Further, I understand that I am not permitted to: have in my possession a weapon of any kind during the period of time in which I am a civilian observer, represent myself as a law enforcement officer, enter any premises not open to the general public, or fail to comply with the dress code established by the Police Department.

I further understand and have full knowledge of the basic nature of law enforcement work and fully realize the possibility that dangerous situations may arise which could result in my being physically harmed or injured, as well as fatally injured, including but not limited to motor vehicle accidents. I nevertheless, freely and voluntarily assume these risks.

I hereby acknowledge that I am not an employee of the Town of Surfside, nor am I receiving any compensation, salary or remuneration of any nature from the Town of Surfside. I fully understand and agree that I shall not attain any right or benefit nor shall I be entitled to Florida Workers' Compensation benefits as an employee of the Town of Surfside,

I hereby agree on behalf of myself, my heirs, assigns and personal representatives, to indemnify and save harmless the Town of Surfside, Florida, its officers, agents, and employees against any and all claims, demands suits, causes of action or rights of action, whether of law, or equity which the undersigned may have had, has, or hereafter may claim to have against the Town of Surfside, its agents or employees, for any personal injury, temporary permanent or fatal, and any or all property damage or any loss of property I may sustain during the period of time I am acting in the capacity of a civilian observer or as a result of my acting in the capacity of a civilian observer.

I, on behalf of myself, my heirs, assigns and personal representatives, do unconditionally release and discharge the Town of Surfside, Florida, its officers, agents and employees from all liability to me resulting from personal injury temporary, permanent or fatal, and any or all property damage or any loss of property I may sustain during the period of time I am acting in the capacity as a civilian observer, or as a result of my acting in the capacity as a civilian observer.

I agree to defend, indemnify and hold harmless the Town of Surfside, its officers, agents or employees against any and all claims, demands suits, causes of action, or rights of action, whether of law or equity, from, any action I may take or fail to take while acting in the capacity of a civilian observer or as a result of my acting in the capacity of a civilian observer.

Name: _____	Date of Birth _____
Employer: _____	Phone: _____
Home Address: _____	Phone: _____
Sex. _____ Race: _____ SSN _____ D/L _____	
Signature: _____	Date _____
Approved: _____	Date _____
Date of Riding Assignment _____	Officer Assigned _____